

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE	4. BEAT/OCUR		
	13-SEP-2014	22:12:00	2349 W LAKE ST CHICAGO, IL 60612				304	1223		
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.	
	9161	MATEO	ERIC O	11782	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	S		506	136	
	14. DATE OF APPT	15. EMPLOYEE NO	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?				
	26-JUN-2006		393 6744A	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.		
	FORD	DENZEL		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK		600	220		
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? OTHER (SPECIFY)	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?					
			<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. APPARENTLY NORMAL	37. UNDER INFLUENCE						
		<input checked="" type="checkbox"/> 03 Hospitalized	<input type="checkbox"/> 04 Not Hospitalized	<input type="checkbox"/> 05 Refused Medical Aid						
38. CHARGES PLACED			39. DNA	40. CR NO.	41. IR NO.	42. DNA				
				18974714						
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	PASSIVE REGISTER		ACTIVE REGISTER		ASSAULTANT-ASSAULT		ASSAULTANT-BATTERY		ASSAULTANT-DEADLY FORCE	
	SUBJECTS ACTIONS		FLED		IMMINENT THREAT OF BATTERY		ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
	STIFFENED (DEAD WEIGHT)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	OTHER		<input type="checkbox"/>		OTHER		<input type="checkbox"/>		<input type="checkbox"/>	
	MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	ESCAPE HOLD		OC CHEMICAL WEAPON		CLOSED HAND STRIKE/PUNCH		KICKS		<input type="checkbox"/>	
	WRISTLOCK		CANINE		IMPACT WEAPON (Described in Box 40)		IMPACT MUNITION (Described in Box 40)		<input type="checkbox"/>	
	ARMBAR		TASER (Probe Discharged)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	PRESSURE SENSITIVE AREAS		TASER (Contact Skin)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CONTROL INSTRUMENT		TASER (User Targeted)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
OC CHEMICAL WEAPON W/AUTHORIZATION		TASER (Spark Discharged)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
OTHER		OTHER		OTHER		OTHER		OTHER		
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	40. OC/OCHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION						
				SUBJECT RAMMED MEMBERS VEHICLE WHICH INJURED MEMBER						
	POSITION	STAR NO.	UNIT							
	41. WEAPON TYPE	<input checked="" type="checkbox"/> 01 SEM-AUTO PISTOL	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS					
	<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight						
	<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 06 TASER (Probe Discharge)	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk							
	<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 07 OTHER	<input type="checkbox"/> 05 Flick Artificial	<input checked="" type="checkbox"/> 06 Gears Artificial						
	45. MAKE/MANUFACTURER	BLOCK, INC.-AU	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE					
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.					
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED					
59. WHO FIRED FIRST SHOT	<input checked="" type="checkbox"/> 03 OTHER (Specify)	60. WAS FIREARM RELOADED DURING INCIDENT	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HTW WAS MEMBER'S HANDGUN WORN						
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	0	<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)						
63. HOW WAS MEMBER'S HANDGUN DRAWN	<input type="checkbox"/> 03 OTHER (Specify)	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO						
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	<input type="checkbox"/> DNA	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED									
NONE	<input type="checkbox"/> 01 0 - 5 FT <input checked="" type="checkbox"/> 02 6 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	69. POSITION OF MEMBER DISCHARGING WEAPON									
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN									
<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)										
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT)		<input type="checkbox"/> OEMC	<input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR						
	NOTIFICATIONS (FIREARM INCIDENT)		<input checked="" type="checkbox"/> OEMC	<input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR		<input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.				
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	73. REPORTING MEMBER (Pvt Name)			STAR/EMPLOYEE NO	SIGNATURE					
	MATEO, ERIC O			11782						
	14-SEP-2014 05:11:09									
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
	74. REVIEWING SUPERVISOR (Pvt Name)			STAR NO.	SIGNATURE	DATE REVIEWED	TIME			
	FORBES JR, TERENCE P			1432		14-SEP-2014	05:12:55			

1425616167  
17-1425616167

HX427436

1071524  
#26

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) IF FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN, 1 OR 2.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject hospitalized and unable to interview

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. Mateo, Eric #11782, acted in compliance with Department Policy. Ofc. Wesselhoff was knocked to the ground, when Offender Ford, Denzel IR#2078314, rammed his vehicle into Ofc. Wesselhoff's vehicle which in turn struck Ofc. Wesselhoff. Ford then reversed his vehicle ramming a second vehicle in and attempt to flee. Ofc. Wesselhoff was on the ground and unable to move and in the direct path of Fords only escape route thus placing him in fear of his life. Ofc. Mateo fearing for his life and also the life of Ofc. Wesselhoff fired his weapon. Log#1071524 U#14-31

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1071524 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)  
**RUIZ, BERSCOTT F**

SIGNATURE

DATE COMPLETED 14-SEP-2014 TIME 05:33:52

### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS / PHOTOCOPIES OF	<input type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	<input type="checkbox"/> IOD REPORT <input type="checkbox"/> CR INITIATION REPORT	80. TOTAL TRR'S THIS EVENT No. <u>3</u>
<input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT			

*H-26*